

WESTERN WORLD

INSURANCE COMPANY

APPLICATION FOR PEST-CONTROL SERVICES

	Name of applicantStreet address								
	City		State	Zip					
2.	ï Individual ï Corporation ï Pa	artnership	ï Other (Expl	ain)					
3.	Please show number of: Partners/Owner Full-time staff	s		Part-time staff Other					
4.	No. of years in business No. of years e.	xperience _	License						
5.	Annual gross sales \$ 6. Annual payroll \$								
7.	Does applicant subcontract work to others? If yes, what type of work? Are subs required to carry CGL and Workers Compensation? The image of the							No No No	
8.	Operations		by you/your ployees	% subcontracted out		Not done			
	Termite inspections without treatment								
	Termite treatment								
	Exterminating								
	Fumigation								
	Crop dusting/spraying								
	Tenting								
	Carpentry								
	Other – (please describe)								
	TOTAL (must equal 100%)								
	Residential% Commercial% Industrial								
9.	Does or has the applicant used EPA "restricte	d use" pest	icides?		ï	Yes	Ϊ	No	
10.	Provide details of chemical storage and EPA	number:							
	Are storage areas locked? Are warning signs posted? Are flammable pesticides stored in a fire resis				ï ï ï	Yes Yes Yes	ï ï ï	No No No	
11.	Limits of Liability requested General Aggregate Products & Completed Operations Aggregate Personal & Advertising Injury Each Occurrence Fire Damage Legal Liability Medical Expenses Wood Destroying Organism Inspection Comparison		\$ \$	0,000	nclude	d at no	cha	arge	

	 Property Damage Coverage Extension: 				Lost Key Cove				
	Check one	<u> </u>	<u>Premium</u>		Check one		<u>Premium</u>		
	ï \$10,00 ï \$25,00 ï \$50,00	0/\$25,000 \$ 0/\$25,000 \$	ncluded 175 1100 1125 1150		ï \$5,000/ ï \$10,000 ï \$25,000				
12.	Deductible:	\$ per	claim (\$250 m	ninimum)					
13.	Property informa Building:	Construction Year built	type						
	Year of update:	Wiring	Plumb	oing	Heating _		_ Roof		
	Protective Safeguards: Sprinklers Fire Alarms		Yes ï No Yes ï No	Smoke detectors: ï Y If yes, central station or local go If yes, central station or local go		ï Yes ï No cal gong <u>?</u> cal gong <u>?</u>			
	SUBJECT OF	INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES	OF LOSS	DEDUCTIBLE	
	Building								
	Business Perso	onal Property							
	Tool Floater*								
15.	Additional insureds-describe interests Prior insurance information. If no prior insurance, check here. ï								
	Year (3 Years)	Insurance C	Company Premium		\$ Paid	Loss \$ Reserve		Open/Closed	
	Loss descriptio	ns:							
16.	Is the applicant of	or any other per	son for whom	insurance is b	peing requested	aware of a	any	ï Yes ï No	
	circumstances w						•		
17.	Has the applicar insurance policy	nt or any other p cancelled or no	person for who on-renewed in	m insurance is the past 3 yea	s being requestours? If yes, prov	ed had the vide details	ir S	ï Yes ï No	
18.	Proposed effecti	ve date:							
Applic	ant's Signature: _					Date:			
Title:					Producing A	aent:			